

Name  
in  
Full

No Name

Abbott

## CERTIFICATE OF DEATH

Died at Deal's Town Island

Somerset County

MARYLAND

Date of death 1909 Feb

Day 24

Age

Years

Months

Days 5

Sex Male

Color or  
Race

White

Birth-  
place

Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Henry Abbott

Father's  
Birthplace

Md

Mother's  
Maiden Name

Sarah F Larde

Mother's  
Birthplace

Md

Name of person giving  
information

Henry Abbott

How related  
to deceased

Father

## CAUSES OF DEATH

131

Primary

Weakness

How long

3 days

Immediate

Natural Causes

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Geo B. Foran Local Reg.

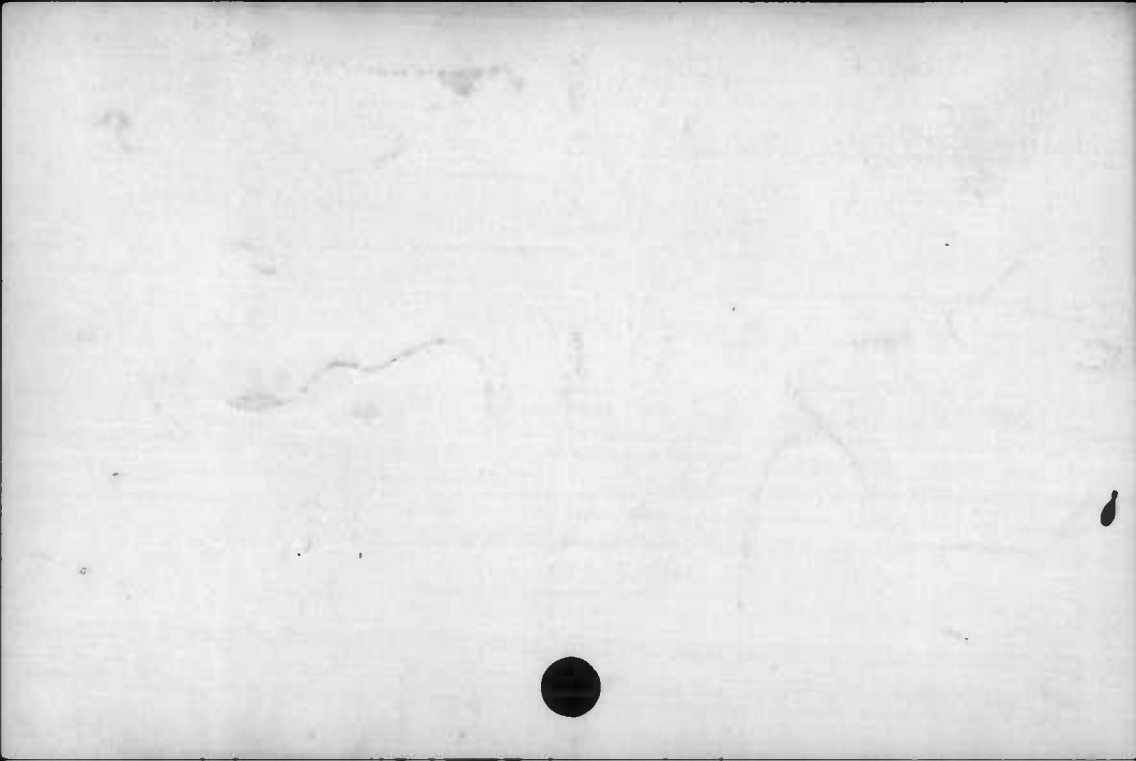
Address

Deal's Island

Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Agnes Barclay

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

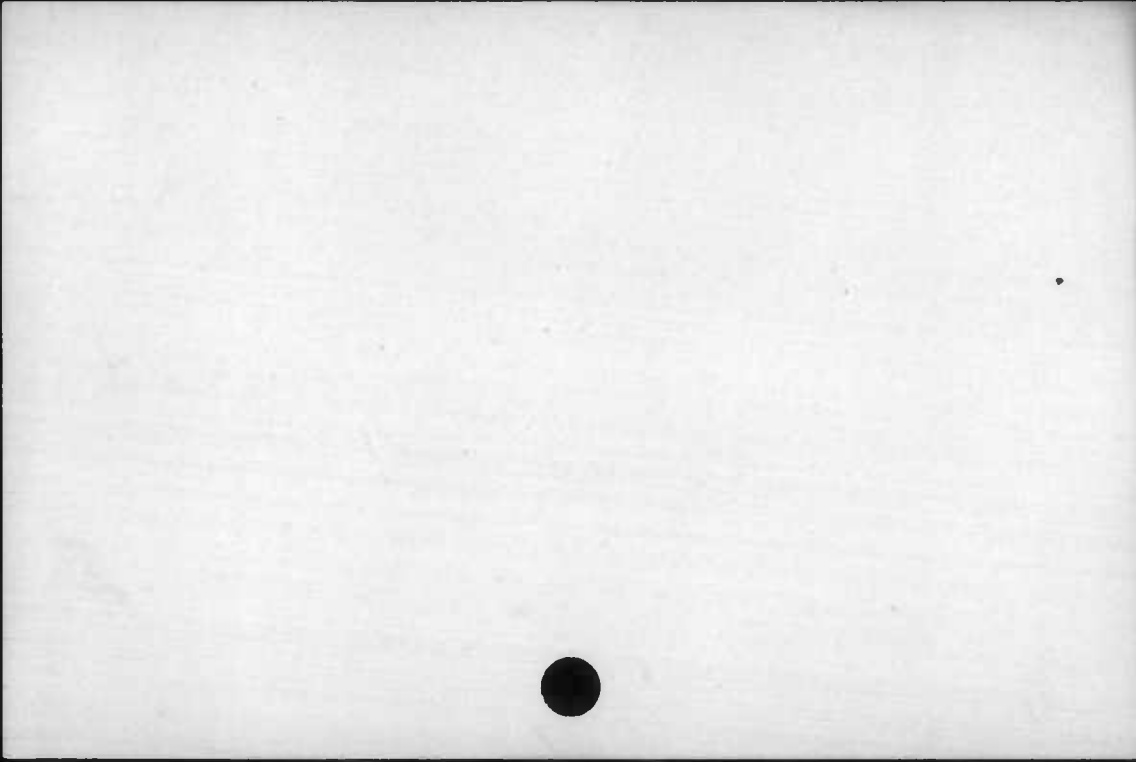
Died at		Town <i>Danvers Quarter</i>		County <i>Somerset</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Feb.	26th	2			
Sex		Color or Race		Birth-place			
Female		Colored		Som. Co.			
Occupation				Where Residing if not at place of death			
—				—			
Married, Single or Widowed				Name of Wife or Husband			
—				—			
Father's Name				Father's Birthplace			
Howard Barclay				Som. Co.			
Mother's Maiden Name				Mother's Birthplace			
Fannie Williams				Som. Co.			
Name of person giving information				How related to deceased			
Howard Barclay				Father			

## CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary	<i>membranous (comp)</i>	How long	<i>6 days</i>
Immediate	<i>Asphyxia</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>J. J. Winkler, M.D.</i>	
No		Address	
No		<i>Danvers Quarter, Somerset Co., Md.</i>	
Accident or Suicide?			
No			



Name  
in  
Full

William H. Batts

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cusfield		County Somerset		MARYLAND	
Date of death		Month 1909	Day Feb	Age	Years 17	Months 65	Days —
Sex		Male		Color or Race		White	
Occupation		Fish Dealer		Where Residing if not at place of death		Salisbury Md	
Married, Single or Widowed		Married		Name of Wife or Husband		Bernetta Batts.	
Father's Name		William T. Batts		Father's Birthplace		Salisbury Md	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving Information				How related to deceased		10	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	La Grippe	How long	5-6 weeks
Immediate	Paralysis	How long	24 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		L. E. Leasner	
Address		Cusfield Md	
Accident or Suicide			



Name  
in  
Full

Luther Bevaus

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Chance</u> Town			<u>Somerset</u> County			MARYLAND		
Date of death <u>1909</u>		Month <u>2</u>	Day <u>17</u>	Age <u>15</u> Years	Months <u>15</u>	Days		
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Chance</u>				
Occupation <u>                    </u>				Where Residing if not at place of death <u>"</u>				
Married, Single or Widowed <u>                    </u>				Name of Wife or Husband <u>                    </u>				
Father's Name <u>Samuel Bevaus</u>				Father's Birthplace <u>Chance</u>				
Mother's Maiden Name <u>Lattie Price</u>				Mother's Birthplace <u>Chance</u>				
Name of person giving information <u>Stephen Gale</u>				How related to deceased <u>Uncle</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Natural Causes</u>	How long <u>3 weeks</u>
Immediate <u>Athemic</u>	How long <u>2 hours</u>

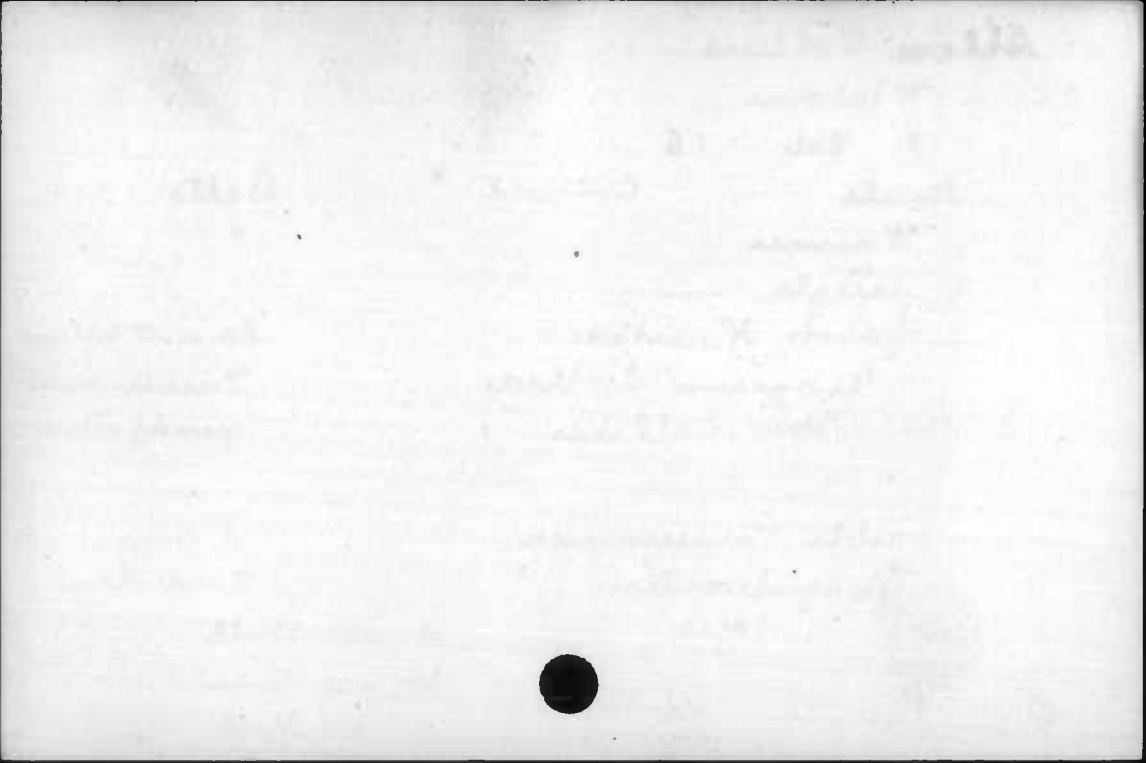
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo B. Sporer  
Sub Registrar  
Deals Island Md

Accident or Suicide?





Name  
in  
Full

Eutha L Bradshaw  
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at Crisfield Month Feb Day 11 Years 11 Months 11 Days 11

Date of death 1909 Sex Female Color or Race White Birth-place Crisfield

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Wm. G. Bradshaw

Father's Birthplace Crisfield

Mother's Maiden Name Hattie Sterling

Mother's Birthplace Crisfield

Name of person giving Information Hattie Bradshaw

How related to deceased Mother

CAUSES OF DEATH

Primary Pertussis How long 7 Weeks

Immediate Bronchial Pneumonia How long 3 Weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician C. B. Callis  
Address Crisfield

Accident or Suicide —

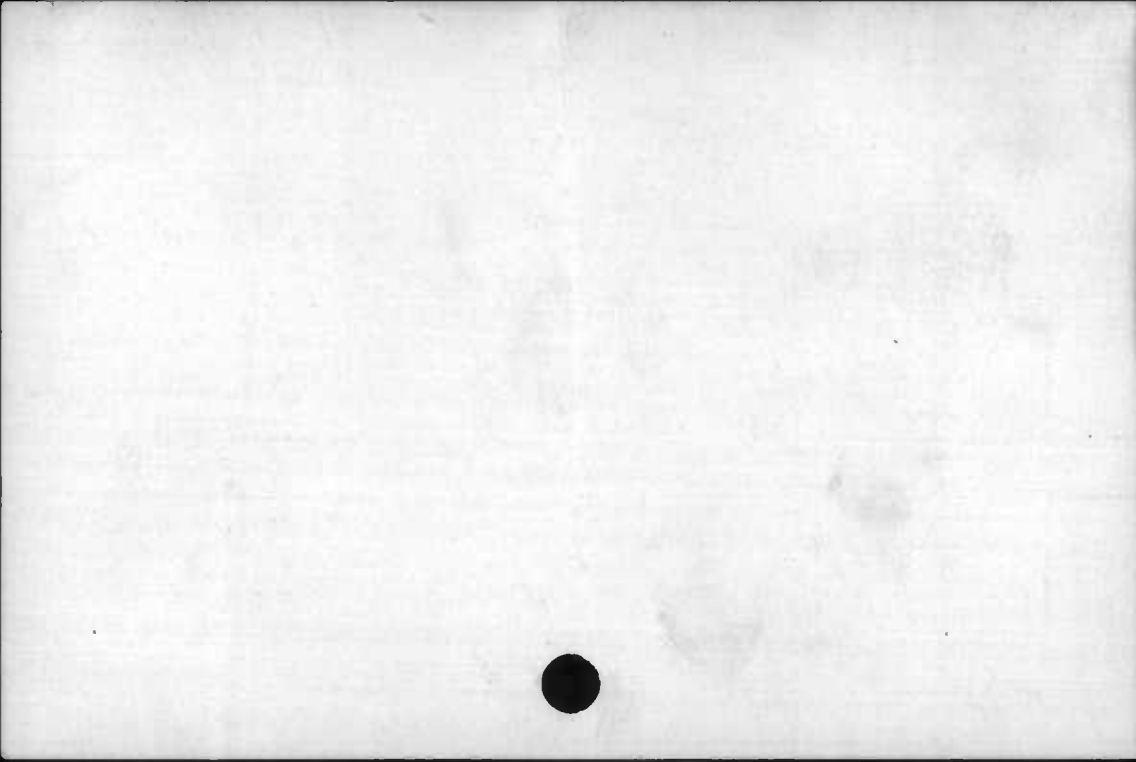
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

1



Name in Full <b>Allen Collins</b>		CERTIFICATE OF DEATH	
Town <b>Westover</b>		County <b>Som.</b>	
Died at <b>Westover</b>		MARYLAND	
Date of death <b>1909</b>	Month <b>Feb</b>	Day <b>6</b>	Age <b>24</b>
Sex <b>Male</b>	Color or Race <b>Colored</b>	Birthplace <b>Balto.</b>	
Occupation <b>Farmer</b>	Where Residing if not at place of death		
Married, Single or Widowed <b>Single</b>	Name of Wife or Husband		
Father's Name <b>Jacob Norman</b>	Father's Birthplace <b>do not know</b>		
Mother's Maiden Name <b>Georgiana Collins</b>	Mother's Birthplace <b>Farmer</b>		
Name of person giving information <b>Thos. Collins</b>	How related to deceased <b>grandfather</b>		
CAUSES OF DEATH			
Primary <b>Double Pneumonia</b>		How long <b>5 days</b>	
Immediate <b>No putrefaction</b>		How long <b>3 or 4 days</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>G. W. Gill</b>	
		Address <b>Monrovia</b>	
Accident or Suicide? <b>No</b>		<b>Mod.</b>	



Name  
in  
Full

Eligah J Cox S

## CERTIFICATE OF DEATH

Died at

Twp. *Hammer* County *Summit*

MARYLAND

Date

of death 1909

Month

11

Day

16

Years

Age 81

Months

—

Days

—

Sex

Male

Color or  
Race

White

Birth-  
place

Summit Co

Occupation

Farmer.

Where Residing if not  
at place of death

St Anne

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Eligah White Cox

Father's  
Name

Thos. Cox

Father's  
Birthplace

Pennsylvania

Mother's  
Maiden Name

Do not know

Mother's  
Birthplace

Pennsylvania

Name of person giving  
information

Geo A Cox

How related  
to deceased

Son

## CAUSES OF DEATH

40

Primary

Cancer of liver

How long

about 2 years

Immediate

—

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Dr E S Miles

Address

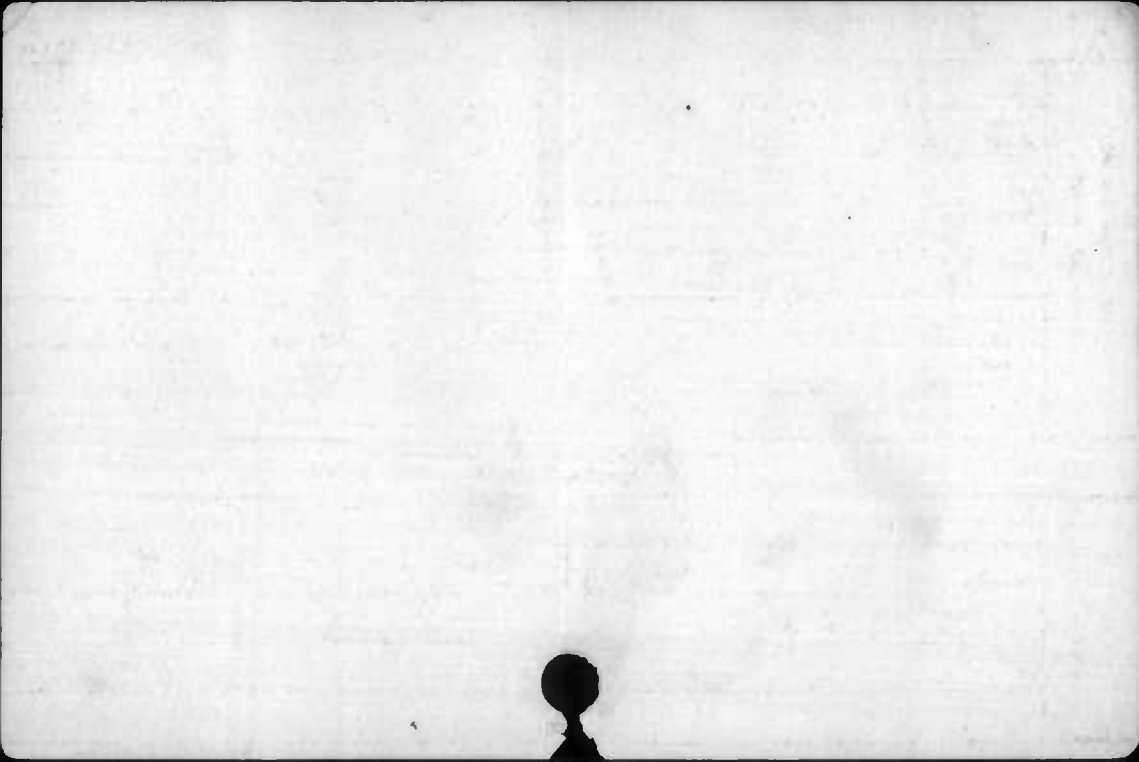
Hammer

Summit Co Md

Accident or Suicide?

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Ellen Gustus

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

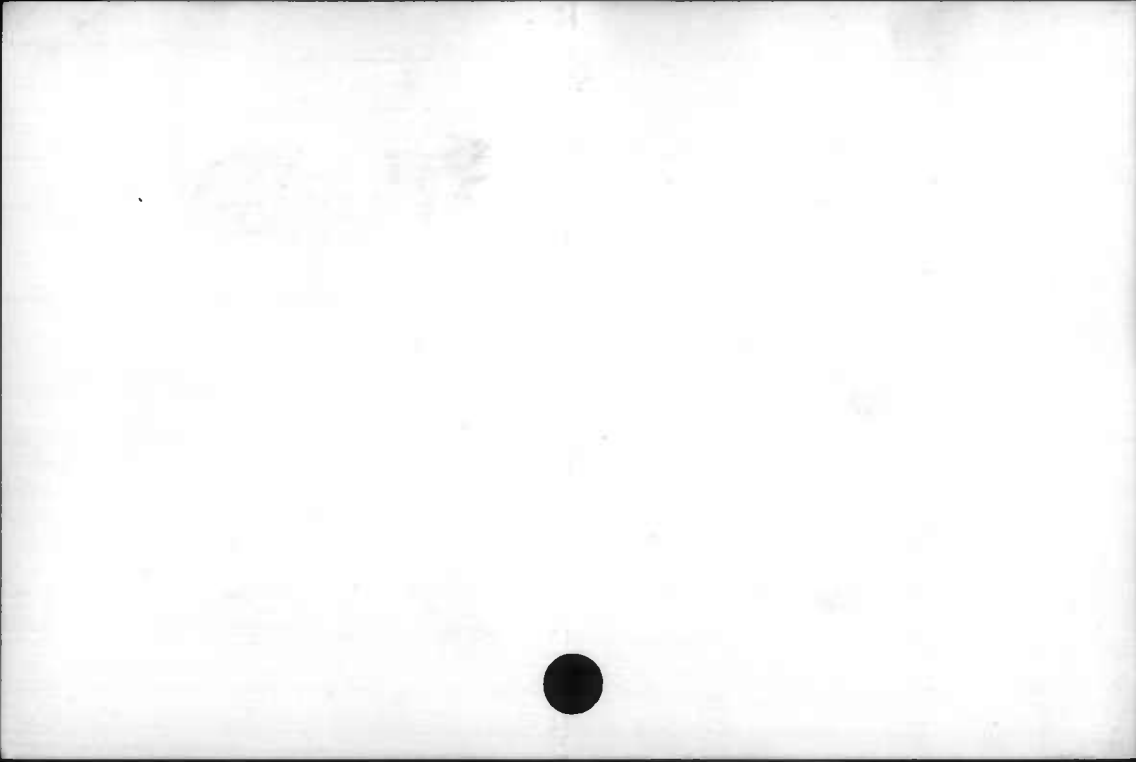
Died at <i>Upper Fairmount</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>		MARYLAND	
Date of death	190 <i>9</i> <sup>Month</sup>	<i>Feb</i> <sup>Day</sup>	3 <sup>rd</sup> <sup>Year</sup>	Age	<i>65</i> <sup>Months</sup>
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Somerset Co</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Edward Gustus</i>		
Father's Name	<i>Cesar Sudler</i>		Father's Birthplace	<i>Somerset</i>	
Mother's Maiden Name	<i>Charlotte Sudler</i>		Mother's Birthplace	<i>Somerset</i>	
Name of person giving Information	<i>Lucinda Maddox</i>		How related to deceased	<i>Sister</i>	

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>General Debility</i>	How long	<i>50 or 6 years</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>G. E. Dickinson</i>
<i>Yes</i>		Address	<i>Upper Fairmount</i>
Accident or Suicide			





Name  
in  
Full

Bessie E. Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rehoboth</i>		Town		<i>Somerset</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>Feb</i>		Day <i>31</i>		Age <i>18</i>		Months <i>9</i> Days <i>27</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Somerset Co</i>					
Occupation <i>Housework</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband							
Father's Name <i>James J. Davis</i>				Father's Birthplace <i>Somerset Co</i>					
Mother's Maiden Name <i>Olenia Haymon</i>				Mother's Birthplace <i>Somerset Co</i>					
Name of person giving information <i>James J. Davis</i>				How related to deceased <i>Father</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>don't know</i>	
Immediate <i>General Exhaustion</i>		How long <i>don't know</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. R. H. B. Allen</i>	
		Address <i>Marion</i> <i>Ind.</i>	
Accident or Suicide? <input checked="" type="checkbox"/>			

Baptist, Rehoboth

Name  
In  
Full

Edward Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Kriston</u> <sup>Town</sup>		<u>Somerset</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	2	Day	12
Age	81	Years		Months	
Sex	Male	Color or Race	Colored	Birth-place	Kriston, Md
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Flossie Davis		
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information	G. T. Simonson		How related to deceased	None	

CAUSES OF DEATH

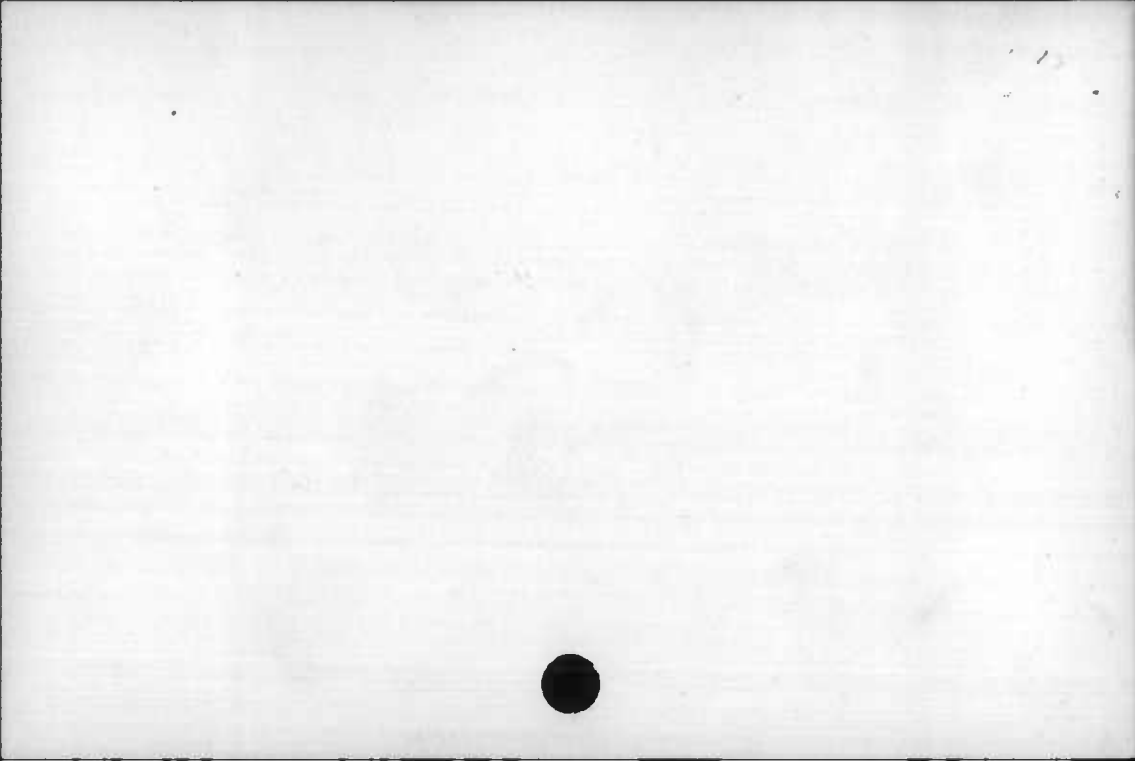
154

PHYSICIAN  
OR CORONER

Primary	<u>General Debility</u>		How long	<u>3 months</u>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	G. T. Simonson
			Address	<u>Leisfield</u> <u>Md</u>
Accident or Suicide? <u>  </u>				



Name in Full <b>Ellen R Seemis</b>		Town <b>Princes Anne</b>				County <b>Somerset</b>		CERTIFICATE OF DEATH	
Died at		Month <b>7</b>		Day <b>4</b>		Years <b>73</b>		MARYLAND	
Date of death <b>1909</b>				Age <b>73</b>		Months <b>—</b>		Days <b>—</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Somerset Md</b>					
Occupation <b>Housewife</b>		Where Residing if not at place of death <b>Princes Anne Md</b>							
Married, Single or Widowed <b>Widow</b>		Name of Wife or Husband <b>Dr George R. Seemis</b>							
Father's Name <b>William W Johnston</b>		Father's Birthplace <b>Somerset Co</b>							
Mother's Maiden Name <b>Rosina Lepshur</b>		Mother's Birthplace <b>Somerset Co</b>							
Name of person giving information <b>Chas. W. Leavengood</b>		How related to deceased <b>Nephew</b>							
		CAUSES OF DEATH				<b>93</b>			
Primary <b>Pneumonia</b>		How long <b>5 days</b>							
Immediate <b>Heart Failure</b>		How long <b>2 days</b>							
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Chas. W. Leavengood</b>							
		Address <b>Princes Anne Md</b>							
Accident or Suicide?									



Name  
in  
Full

## CERTIFICATE OF DEATH

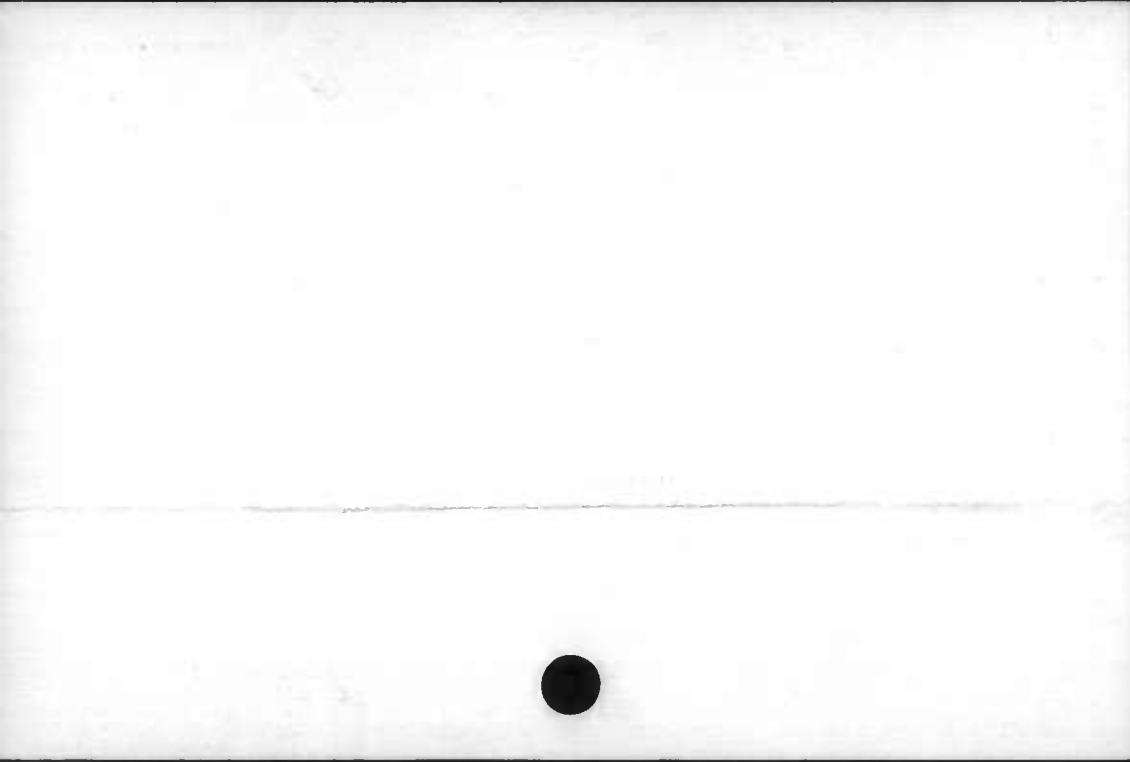
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Champt</i>		Town		County <i>Somerset</i>		MARYLAND	
Date of death	1909	Month	Feb	Day	20	Years	Age 70
Sex	male		Color or Race	white		Birth-place	ind
Occupation	Cyprian		Where Residing if not at place of death		Same		
Married, Single or Widowed	Widowed		Name of Wife or Husband		Unknown		
Father's Name	Lilas Ford				Father's Birthplace	ind	
Mother's Maiden Name	Mary Bozeman				Mother's Birthplace	ind	
Name of person giving Information	Henry Bozeman Phoebe				How related to deceased	none	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cerebral Haemorrhage</i>		How long	<i>20 hours</i>
Immediate	<i>Asphyxia</i>		How long	<i>Instantly</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>Ralph L. Taylor</i>
			Address	<i>Amor</i>
Accident or Suicide		<i>no</i>		





Name  
in  
Full

Moses W. Furniss

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Upper Fairmount</i> <sup>Town</sup> <i>Somerset</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>9</i> <sup>Month</sup> <i>Feb</i> <sup>Day</sup> <i>6</i> <sup>Years</sup> <i>92</i> <sup>Months</sup> <i>—</i> <sup>Days</sup> <i>—</i>			
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Worcester Co</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ann Furniss</i>		
Father's Name <i>David Furniss</i>	Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Ruth Furness</i>	Mother's Birthplace <i>Don't know</i>		
Name of person giving Information <i>Ann Furniss</i>	How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

154

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

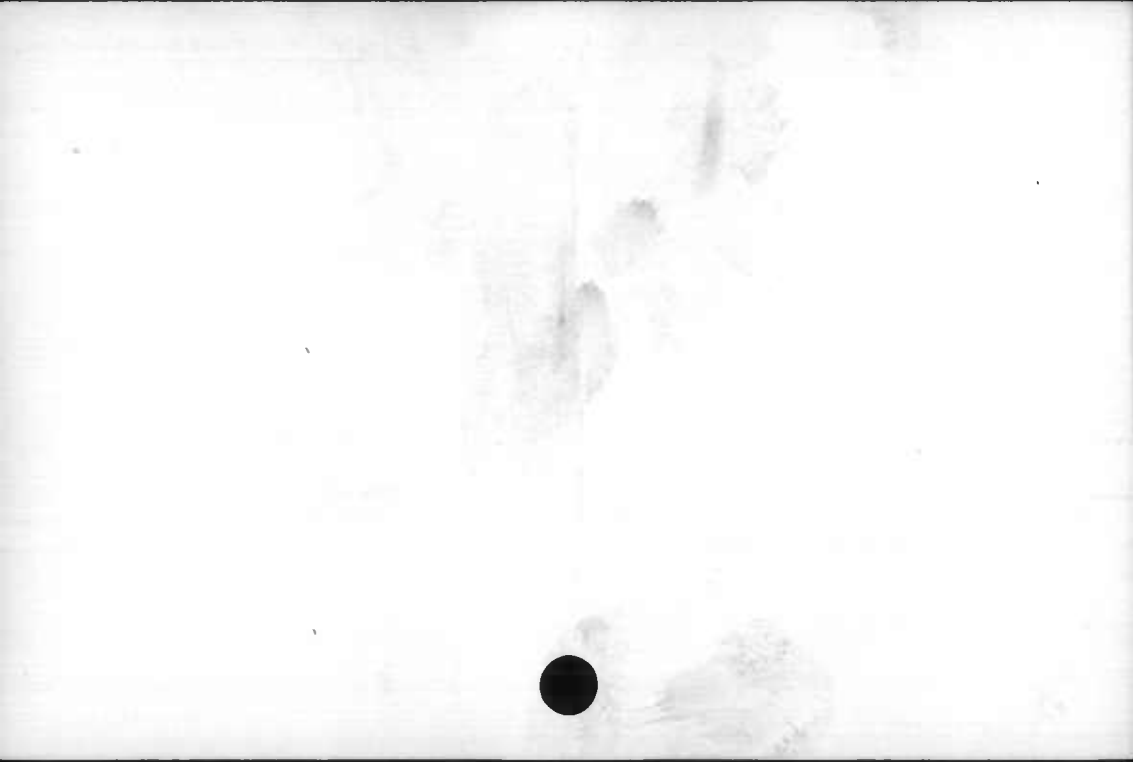
Address

Accident or Suicide

*Senile Debility*

How long

*G. E. Dickinson**Upper Fairmount*  
*MD*



Name  
in  
Full

Martha A. Hastings

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

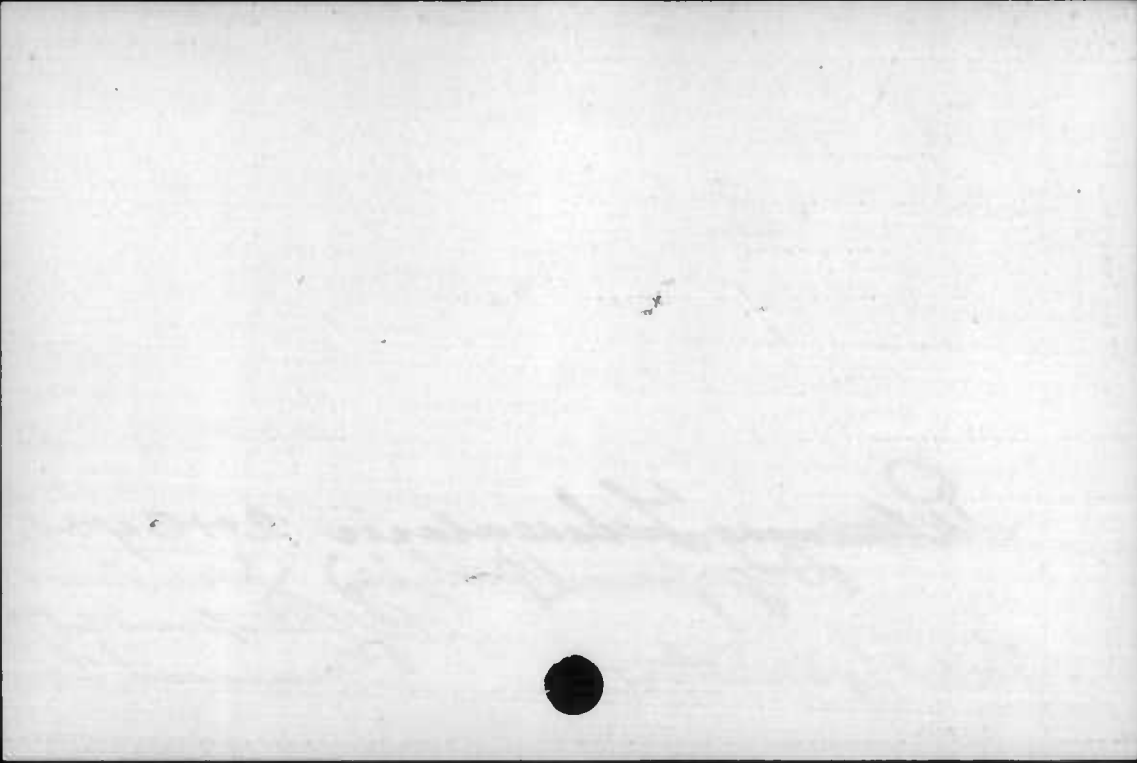
Died at <i>Mason</i>		Town		County <i>Somerset</i>			
Date of death	<i>1909</i>	Month <i>July</i>	Day <i>18</i>	Age <i>60</i>	Years	Months <i>8</i>	Days <i>19</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Accomac Co Va</i>				
Occupation <i>Housework</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Oschella Hastings dead</i>						
Father's Name <i>William Turner</i>	Father's Birthplace <i>Virginia</i>						
Mother's Maiden Name <i>Julia Bagby</i>	Mother's Birthplace <i>Virginia</i>						
Name of person giving information <i>Lena V. Dunn</i>	How related to deceased <i>Daughter</i>						

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Nephritis + complications</i>	How long <i>5 or 6 mos</i>
Immediate	<i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. J. A. B. Allen</i>	
	Address <i>Mason, Md.</i>	
Accident or Suicide?		



Name  
in  
Full

Adaline Horner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Deal Island</u> <small>Town</small>		<u>Somerset</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u>	<u>Feb</u> <small>Month</small>	<u>5</u> <small>Day</small>	<u>67</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Ind</u>
Occupation	<u>Housekeeper</u>		Where Residing if not at place of death <u>Deal's Island Md</u>		
Married, Single or Widowed	<u>Wid</u>	Name of Wife or Husband <u>Benjamin Horner</u>			
Father's Name	<u>William Webster</u>			Father's Birthplace	<u>Mogland</u>
Mother's Maiden Name	<u>Oranie Webster</u>			Mother's Birthplace	<u>Mogland</u>
Name of person giving information	<u>William Horner</u>			How related to deceased	<u>Son</u>

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>2 or 3 yrs.</u>
Immediate	<u>Dyspnea (probable)</u>	How long	<u>Some days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>J. H. Alexander</u>
<u>Filled by Undertaker</u>		Address	<u>Somerset Co.</u>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

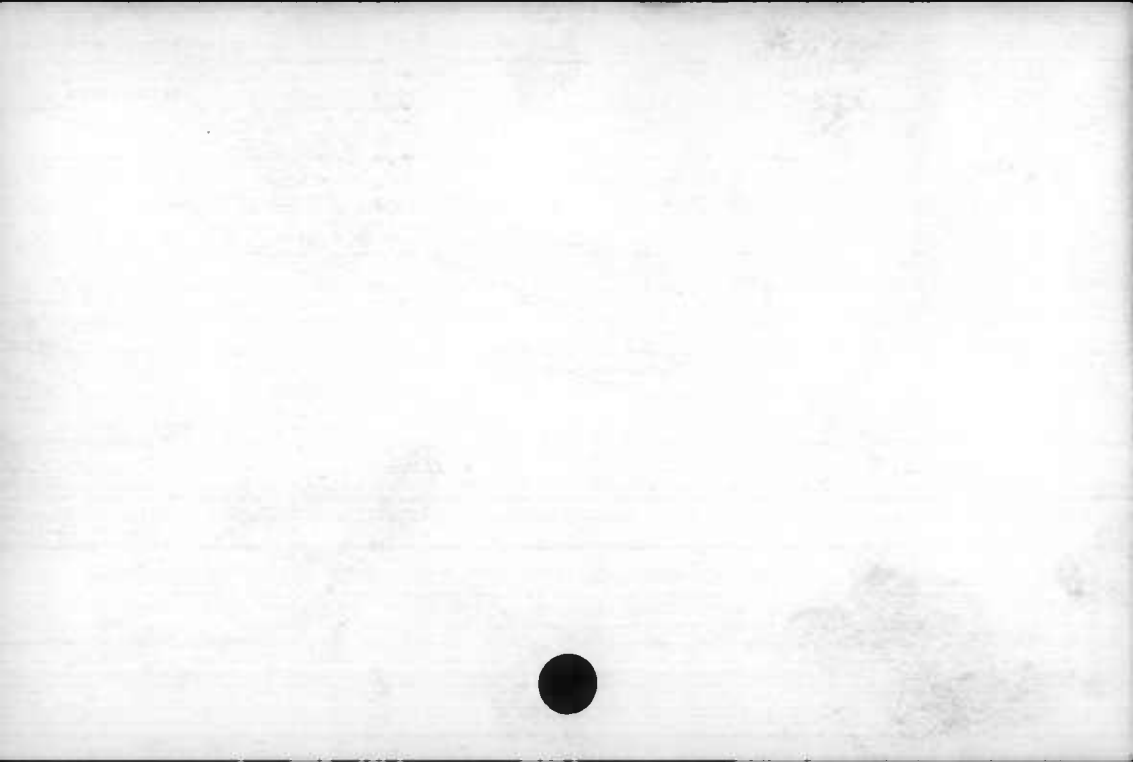
TO BE ANSWERED BY  
NEAREST FRIEND

No Name Jewitt		County		Sommerset		MARYLAND	
Died at		Crisfield		Somerset			
Date of death		1909	Month	Feb	Day	21	Age
					Years	5	Months
Sex		Male		Color or Race		Blues	
Occupation		none		Birth-place		Crisfield Md	
Married, Single or Widowed		+		Where Residing if not at place of death		+	
Name of Wife or Husband		+					
Father's Name		Preston Jewitt		Father's Birthplace		Crisfield Md	
Mother's Maiden Name		Edith Moser		Mother's Birthplace		Crisfield Md	
Name of person giving Information		Edith Jewitt		How related to deceased		mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Premature birth	How long	2 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W. F. Hall	
		Address	
		Crisfield Md	
Accident or Suicide		JAC	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Feb.	10th	56			
Sex		Color or Race		Birth-place			
Male		Colored		Rome, Ga.			
Occupation				Where Residing if not at place of death			
Oysterman				-			
Married, Single or Widowed		Name of Wife or Husband					
Widowed		Mary Jones					
Father's Name		Father's Birthplace					
Chas. Jones		Rome, Ga.					
Mother's Maiden Name		Mother's Birthplace					
Sallie		Rome, Ga.					
Name of person giving information		How related to deceased					
Samuel Jones		Son					

## CAUSES OF DEATH

27

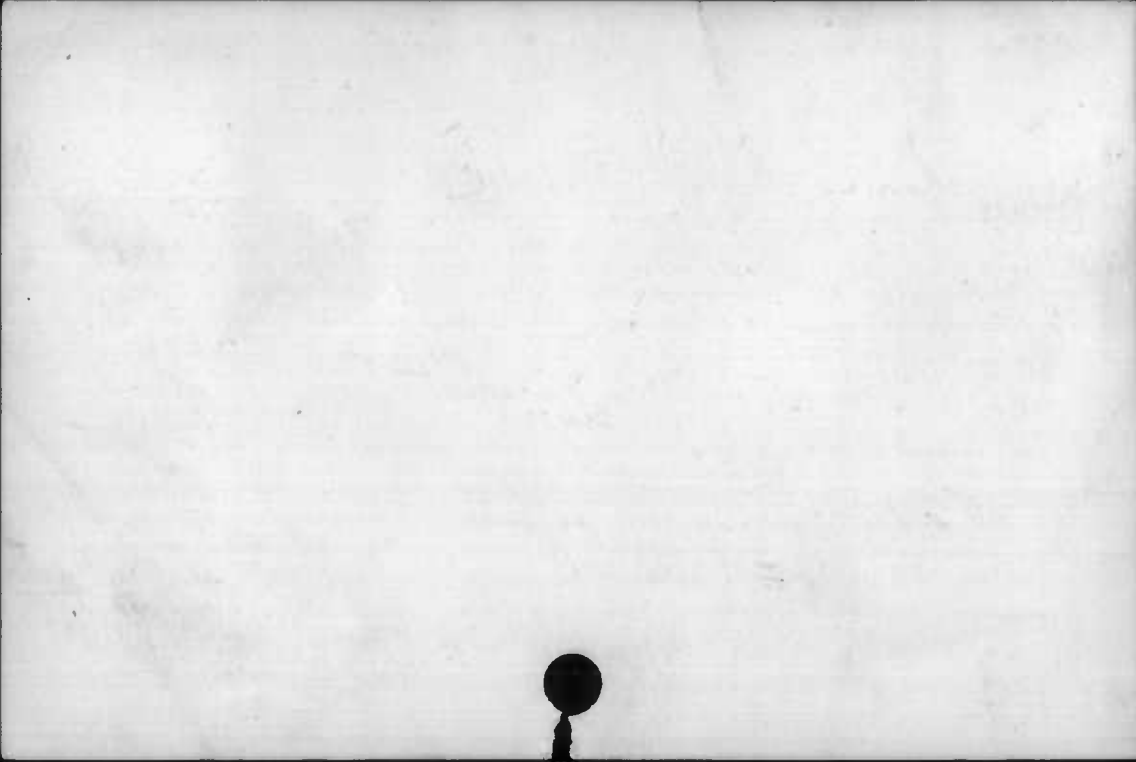
PHYSICIAN  
OR CORONER

Primary	Intercaloria	How long	6 wks.
Immediate	retained	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		L. J. Tucker M.D.	
		Address	
		Rome, Ga.	
Accident or Suicide?			
No		Yes	



Name in Full		GABRIEL H. JONES				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Chance		County Somerset		MARYLAND
	Date of death		1909	Month Feb	Day 29th	Age 61	
	Sex		Male		Color or Race White		Birth-place Som Co.
	Occupation		Farmer		Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of Wife or Husband Pussilla Jones		
	Father's Name		John H. Jones				Father's Birthplace Som. Co.
	Mother's Maiden Name		Melby G. Row				Mother's Birthplace Som Co.
Name of person giving information		Geo Jones				How related to deceased Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Tuberculous				How long 6 mos
	Immediate		Asthma				How long
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J. J. Windsor MD		
	Address		James Taylor Somerset Co. Me				
	Accident or Suicide?		No				

27



Name  
in  
Full

Not named Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chambers</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>Feb</i>	Day <i>9th</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Som. Co.</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Illegitimate</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Jane V. Jones</i>			Mother's Birthplace <i>Som. Co.</i>		
Name of person giving information <i>Adeline White</i>			How related to deceased <i>Aunt</i>		

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Preterm birth</i>	How long <i>—</i>
Immediate	<i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>S. J. Winters, M.D.</i>
<i>8</i>	<i>—</i>	Address <i>James Quarter, Somerset Co., Md.</i>
Accident or Suicide?	<i>no</i>	

8000 10000

Name  
in  
Full

Florence Lane

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Somerset		County Somerset		MARYLAND	
Date of death	1909	Month Feb	Day 2	Age 28	Years	Months	Days
Sex	Female		Color or Race	Black		Birth- place	Somerset
Occupation	Housework			Where Residing if not at place of death			
Married, <del>Single</del> or Widowed	Married		Name of Wife or Husband John Lane				
Father's Name	James Jones				Father's Birthplace Somerset Co		
Mother's Maiden Name	Anna Jones				Mother's Birthplace Somerset Co		
Name of person giving In formation	John Lane				How related to deceased Husband		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Tuberculosis		How long	Don't know
Immediate	General exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		Dr. J. G. Allen		
Address		Somerset Md.		
Accident or Suicide?				

201/1/1





Name  
in  
Full

*Allie Payfield*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near West P. O.</i>		Town <i>Dumfries</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>Feb.</i>	Day <i>2</i>	Age	Years	Months <i>5</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Rahley Payfield</i>			Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Maudie Higgins</i>			Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>H. W. Brown</i>			How related to deceased <i>None</i>				

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>Inaction</i>	How long	<i>3 or 4 mo.</i>
Immediate	<i>Aschemia</i>	How long	<i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas. G. Baker</i>	
		Address <i>Princeton, Md.</i>	
Accident or Suicide?			

11. 11. 11.



Name  
in  
Full

## CERTIFICATE OF DEATH

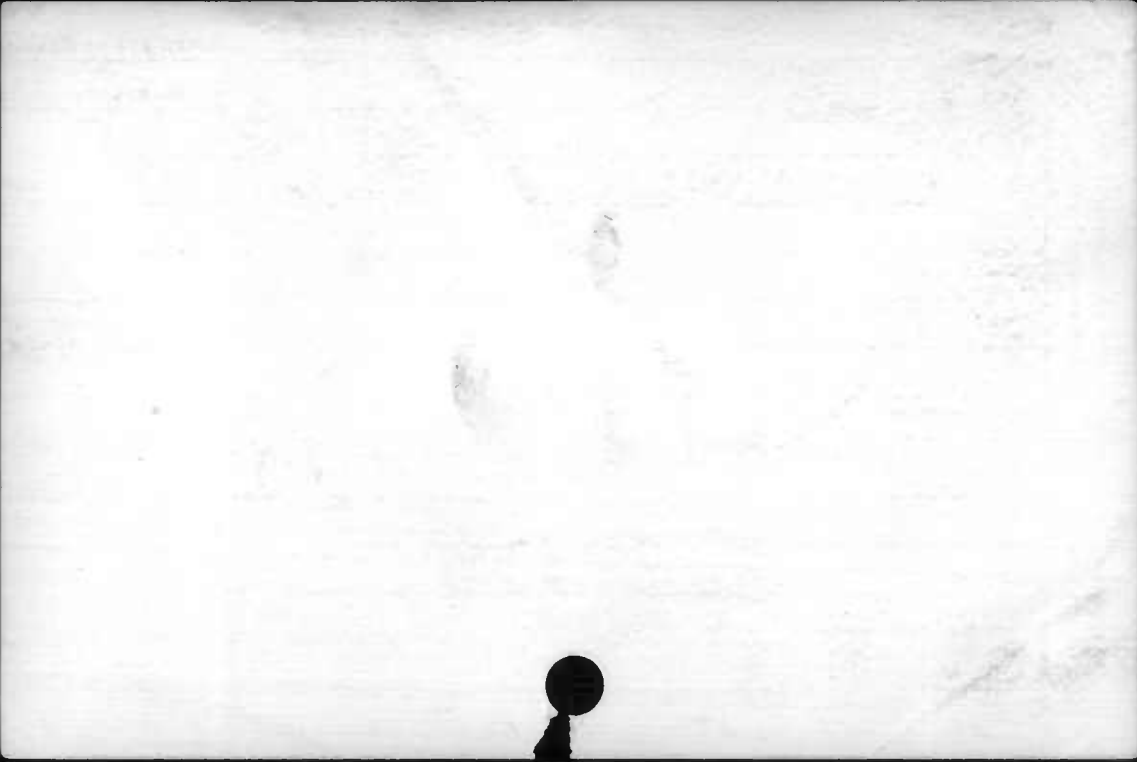
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Crisfield</i>		County <i>Somerset</i>		MARYLAND	
Date of death		1909	Month <i>Feb</i>	Day <i>15</i>	Years <i>618</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Acorn C Va</i>			
Occupation <i>Waterman</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Elizabeth Lewis</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving Information <i>Fletcher McQuinn</i>		How related to deceased <i>Grandson</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>La. Grippe</i>	How long	<i>7 weeks</i>
Immediate	<i>Paralysis</i>	How long	<i>3 wks.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. E. Collins</i>	
		Address <i>Crisfield Md.</i>	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*George W. Long*

Town *Crisfield* County *Somerset* MARYLAND

Died at *Crisfield*

Date of death 1909 *Feb* Month *18* Day Age *67* Years Months Days

Sex *male* Color or Race *white* Birth-place *Somerset*

Occupation *Merchant* Where Residing if not at place of death *Kenisfield Md*

Married, Single or Widowed *Single* Name of Wife or ~~Husband~~ *Eliza J. Long*

Father's Name *Thomas Long* Father's Birthplace *Somerset Co. Md*

Mother's Maiden Name *Mary A. Biggin* Mother's Birthplace *Md.*

Name of person giving Information *Clarence J. Long* How related to deceased *Son.*

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

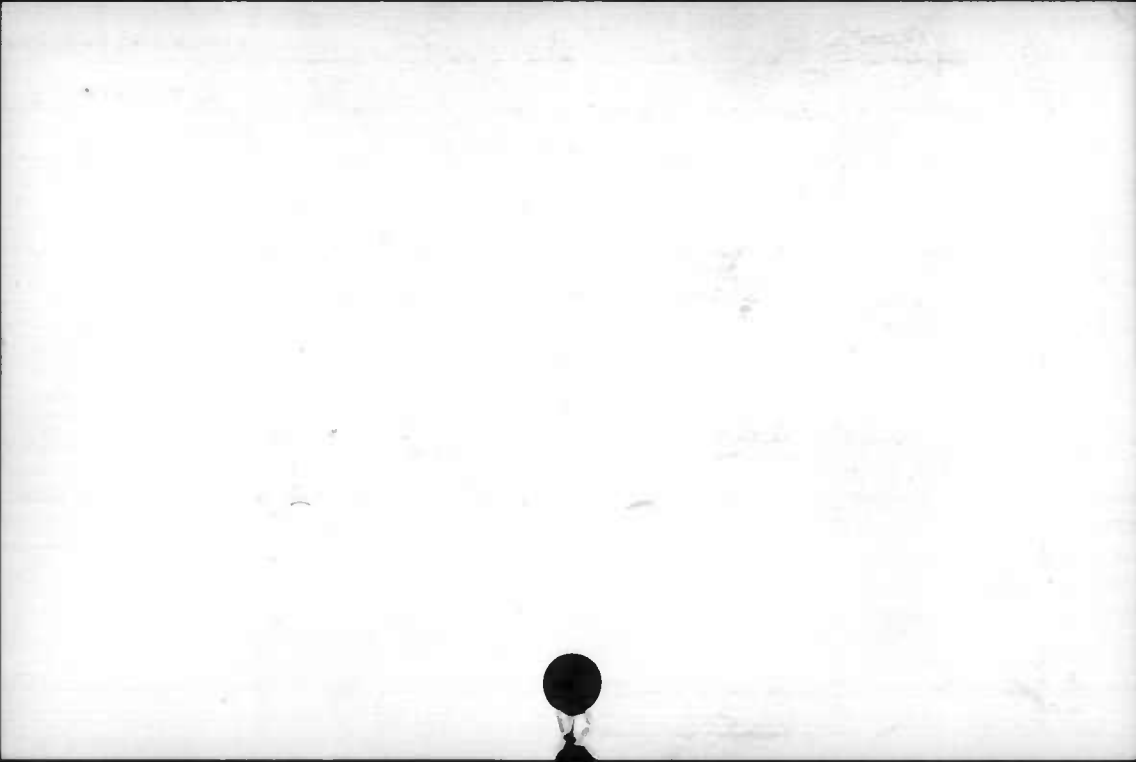
Primary *Pneumonia* How long *9 days*

Immediate *—* How long *—*

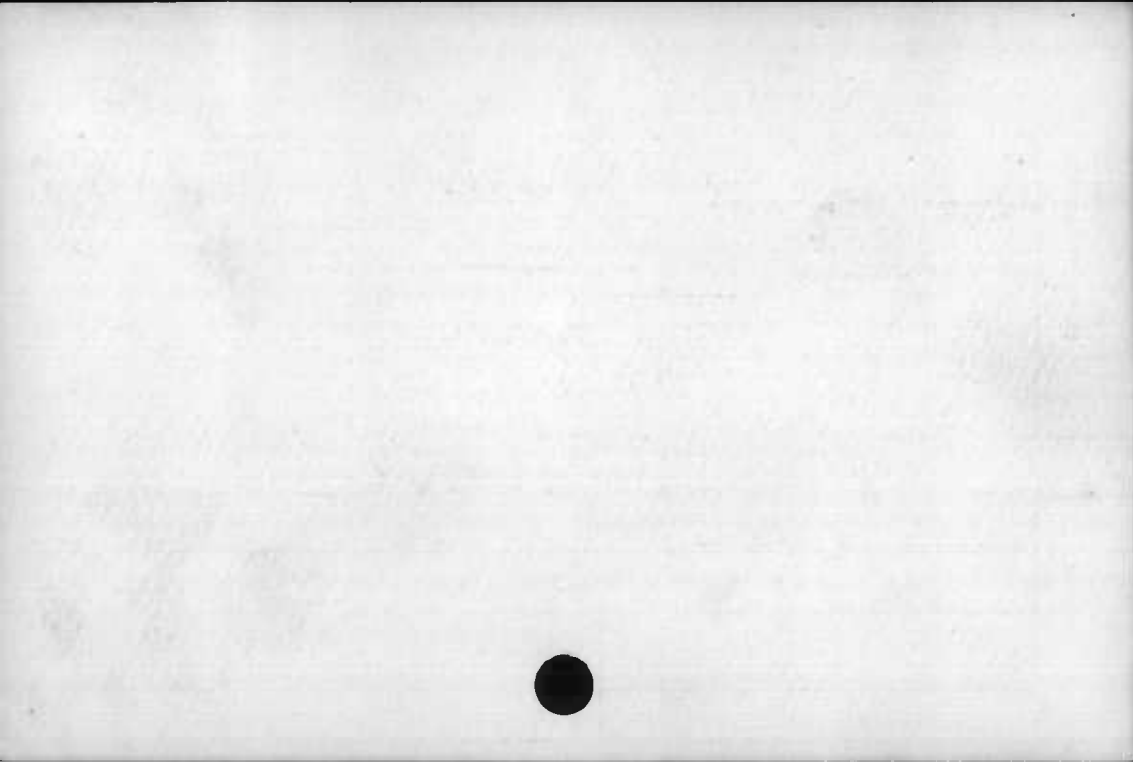
Are the name, age, sex, color, date and place correctly given above? *yes*

Signatures of Physician *W. F. Hall* Address *Crisfield Md*

Accident or Suicide *—*



Name in Full		CERTIFICATE OF DEATH			
Reesie C. Milbourne		Town Deals Island		County Somerset	
Died at		MARYLAND			
Date of death		Month 9	Day 2	Years 18	Age 3
Sex Female		Color or Race Colored		Birth-place Deals Island	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Wesley Milbourne		Father's Birthplace Deals Island			
Mother's Maiden Name Ester Bevans		Mother's Birthplace " "			
Name of person giving information Ester Milbourne		How related to deceased Mother			
CAUSES OF DEATH					
Primary		Pulmonary Tuberculosis		How long One year	
Immediate		Asthma		How long 2 or 3 weeks	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
Filed by undertaker		W. G. Alexander		Somerset Co.	
Accident or Suicide?					





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

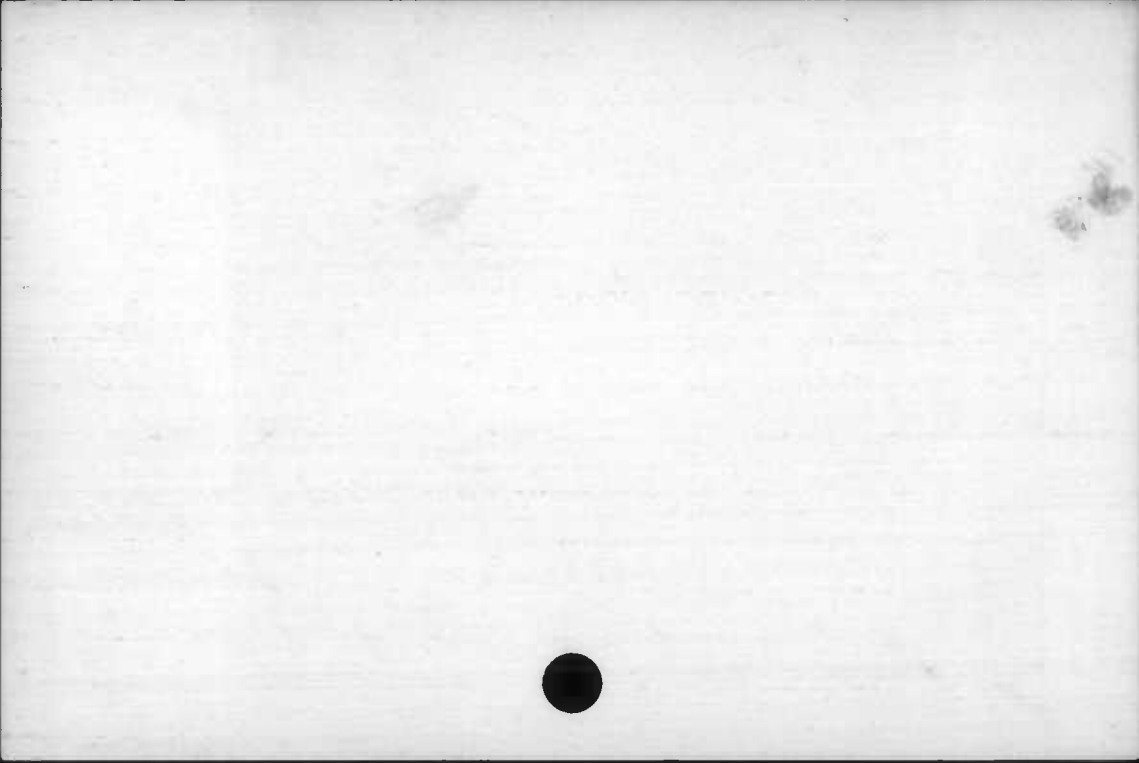
Name in Full <b>Washington Miles</b>		Town <b>Hopewell</b>		County <b>Somerset</b>		MARYLAND	
Died at <b>Hopewell</b>		Date of death <b>1909 Feb. 4</b>		Age <b>82</b>		Months — Days —	
Sex <b>Male</b>		Color or Race <b>colored</b>		Birth-place <b>Somerset</b>			
Occupation <b>Farm Hand</b>		Where Residing if not at place of death <b>Hopewell</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>Milkey Miles</b>					
Father's Name <b>Not Known</b>		Father's Birthplace <b>Not Known</b>					
Mother's Maiden Name <b>Not Known</b>		Mother's Birthplace <b>—</b>					
Name of person giving information <b>John Winston</b>		How related to deceased <b>Niece</b>					

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary <b>Old Age</b>	How long <b>2 weeks</b>
Immediate <b>Bronchitis</b>	How long <b>2 weeks</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>J. J. Sommers</b>
<b>No</b>	Address <b>Griffith</b>
Accident or Suicide? <b>No</b>	



Name  
in  
Full

Maggie Rounds

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Crisfield</i>		<sup>County</sup> <i>Somerset</i>		MARYLAND	
Date of death 1909 <sup>Month</sup> <i>Feb</i> <sup>Day</sup> <i>14</i>		Age <sup>Years</sup> <i>24</i>		<sup>Months</sup> <i>—</i> <sup>Days</sup> <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Crisfield</i>	
Occupation <i>Home work</i>		Where Reaiding if not at place of dath <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Geo. Rounds</i>			
Father's Name <i>Harrison Adams</i>		Father's Birthplace <i>Somerset Co.</i>			
Mother's Maiden Name <i>Sarah Curtis</i>		Mother's Birthplace <i>Somerset Co.</i>			
Name of person giving Information <i>Geo Rounds</i>		How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long <i>6 mos</i>
Immediate	<i>" Hemorrhage</i>	How long <i>1 hour</i>
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician <i>G E Callin</i>
<i>X</i>		Address <i>Crisfield Md.</i>
Accident or Suicide		



Name  
in  
Full

Robert W. W. Telghman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Marion</u> Town		<u>Somerset</u> County		MARYLAND	
Date of death	<u>1909</u>	Month <u>Feb</u>	Day <u>17</u>	Age <u>43</u>	Years <u>43</u>
Sex <u>male</u>		Color or Race <u>Black</u>		Months <u>Don't Know</u>	Days <u>Don't Know</u>
Occupation <u>Farmer</u>		Birth-place <u>Somerset Co</u>			
Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Robert Telghman</u>		Father's Birthplace <u>Somerset Co</u>			
Mother's Maiden Name <u>Sallie Worthington</u>		Mother's Birthplace <u>Somerset Co</u>			
Name of person giving information <u>Wm Morris Telghman</u>		How related to deceased <u>Brother in Law</u>			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<u>Nephritis</u>	How long	<u>3 months</u>
Immediate	<u>Coma</u>	How long	<u>10 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Dr. L. G. B. Allen</u>	
Accident or Suicide?		Address	
<u>—</u>		<u>Marion Md</u>	



Name  
in  
Full

Kendal B Warren

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Pocomoke City</i>		Town <i>Somerset</i>		County		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Feb.</i>	Day	<i>17</i>	Age	<i>84</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Delaware</i>
Occupation	<i>none</i>			Where Residing if not at place of death <i>at Place of death</i>			
<del>Married</del> or Widowed <i>an</i>	Name of Wife or Husband			<i>Rachel Christopher</i>			
Father's Name	<i>Burton Warren</i>					Father's Birthplace	<i>Delaware</i>
Mother's Maiden Name	<i>don't know</i>					Mother's Birthplace	<i>unknown</i>
Name of person giving Information	<i>John P Warren</i>					How related to deceased	<i>son</i>

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Infirmities of age, weak heart</i>	How long	<i>Two or three years</i>
Immediate	<i>Failure of vital forces</i>	How long	<i>gradual</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Roac T Costen</i>	
		Address	
		<i>Pocomoke Md</i>	
Accident or Suicide? <input checked="" type="checkbox"/>			

Pres. Gen. Rehoboth



Name  
in  
Full

Sarah Washington

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town *Baltimore* County *Somerset.* **MARYLAND**

Died at *Baltimore*

Date of death 1909 Month *2* Day *28* Age *20* Months *✓* Days *—*

Sex *Female* Color or Race *Colored* Birth-place *md*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Joseph Washington*

Father's Name *R. C. Coleman* Father's Birthplace *md*

Mother's Maiden Name *Lizzie McGee* Mother's Birthplace *md*

Name of person giving Information *Joseph Washington* How related to deceased *Husband*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Tuberculosis* How long *3 mos.*

Immediate *Asphyxia* How long *1 week about.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *C. D. Fisher m. D.*

Address *Baltimore md*

*Dr. P. Finch*

Accident or Suicide



Name  
in  
Full

William Henry Wharton

## CERTIFICATE OF DEATH

Died at		Town Crisfield		County Somerset		MARYLAND	
Date of death		1909	Month 2	Day 7	Years 1	Months	Days 20
Sex		Male		Color or Race		White	
Occupation		—		Birth-place		Crisfield Md	
Where Residing if not at place of death				—			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Edward D. Wharton				Father's Birthplace	
Mother's Maiden Name		Elizabeth M. Sterling				Mother's Birthplace	
Name of person giving Information		Edward D. Wharton				How related to deceased	
						Son	

## CAUSES OF DEATH

28

Primary	Broncho Pneumonia	How long	2 weeks
Immediate	Tubercular Meningitis	How long	18 days
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		W. F. Hall	
Address		Crisfield Md	
Accident or Suicide		+	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>John Woolford</b>		Town <b>Princess Anne</b>		County <b>Somerset</b>		1		MARYLAND	
Died at		Month <b>Feb.</b>		Day <b>11</b>		Years <b>70</b>		Months <b>5</b>	
Date of death <b>1909</b>		Age <b>70</b>		Birth-place <b>Somerset Co.</b>		Sex <b>Male</b>		Color or Race <b>White</b>	
Occupation <b>Farmer</b>		Where Residing at place of death <b>Near Princess Anne, Md.</b>		Married, Single or Widowed <b>Single</b>		Name of Wife or Husband			
Father's Name <b>John Woolford</b>		Father's Birthplace <b>Somerset Co.</b>		Mother's Maiden Name <b>Ellen <del>Woolford</del> Pack</b>		Mother's Birthplace <b>Somerset Co.</b>		Name of person giving Information <b>C. M. Dashiell</b>	
		How related to deceased <b>not related but close friend</b>							

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <b>Valvular Heart Disease</b>		How long <b>Drill. 1 hour</b>	
Immediate <b>Valvular Heart Disease</b>		How long <b>Five minutes</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>H. J. Smith (not in attendance)</b>	
Address <b>Princess Anne, Md.</b>			
Accident or Suicide <b>Accident</b>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Chance</i> Town		<i>Southern</i> County	
Date of death	1909	Month	Feb.
		Day	16th
		Age	31
Sex	Female	Color or Race	Colored
Occupation	House work	Birth-place	Sou. G.
Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Guertman Wright
Father's Name	James Jones	Father's Birthplace	Sou. G.
Mother's Maiden Name	Francis Price	Mother's Birthplace	Sou. G.
Name of person giving information	Adeline White	How related to deceased	Sister

## CAUSES OF DEATH

134

PHYSICIAN  
OR CORONER

Primary	Rheumatism	How long	9 mos.
Immediate	Asthma after this attack	How long	8 days ago
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. J. Winder, M.D.
		Address	James Street
Accident or Suicide?	No		Southern G. Md.





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Princess Anne* Town *Somerset* CountyDate of death *1909* Month *7* Day *8th* Age *69* Years Months DaysSex *Female* Color or Race *White* Birth-place *Baltimore Md*Occupation *Housewife* Where Residing if not at place of death *Oriskany Md.*Married, Single or Widowed *Widow* Name of Wife or Husband *Wm. J. Wyatt.*Father's Name *George H. Hubbard* Father's Birthplace *Balto. Md*Mother's Maiden Name *Don't know* Mother's Birthplace *Balto. Md*Name of person giving information *Isaac H. Wyatt* How related to deceased *Son*

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONERPrimary *Cancer of Liver* How long *Six months*  
Immediate *Aschemia* How long *3 months*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Chas. W. Loomiswright*Address *Princess Anne**Maryland*~~Apparent Cause of Death?~~

0170/10/19